## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # J86345** Jul 14, 2000 8:00 am 1. Entity Name **Secrétary of State** ROCHE SURETY, INC. 07-14-2000 90004 021 \*\*\*150.00 Principal Place of Business Mailing Address ROCHE SURETY, INC. 1910 ORIENT ROAD **TAMPA FL 33619** 1910 ORIENT ROAD **TAMPA FL 33619 ........** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2835007 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROCHE, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 1910 ORIENT RD. **TAMPA FL 33619** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, TITLE Delete TITLE ☐ Change Addition ROCHE, ARMANDO NAME NAME 12130 FORT KING HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THONOTOSASSA FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROCHE, LINDA NAME NAME STREET ADDRESS 12130 FORT KING HWY STREET ADDRESS CITY-ST-7P THONOTOSASSA FL 33592 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE LOPEZ, WALTER M NAME NAME **5215 NEPTUNE WAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE 1910 DRIENT RO TAMPA FL 33 RODRIQUEZ, GILBERT M. NAME NAME 1719 ELK SPRING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ROCHE, SHANNON NAME NAME STREET ADDRESS 12130 FORT KING HWY STREET ADDRESS CITY-ST-ZIP THONOTOSASSA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

P13-623-504



July 10, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find a check for \$150.00 in compliance with the first notice sent to Roche Surety Inc. that, unfortunately, was never received. Please take into consideration our immediate response and our immediate actions to the second notice. We apologize for any inconvenience that we may have caused.

If you have any questions or concerns, please call me at (813) 623-5042.

Sincerely,

Edward R. Dilbit

Controller